



**News Flash** - The **Home Health Prospective Payment System Fact Sheet**, which provides information about home health coverage and elements of the Home Health Prospective Payment System, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

MLN Matters Number: MM5868

Related Change Request (CR) #: 5868

Related CR Release Date: February 1, 2008

Effective Date: July 1, 2008

Related CR Transmittal #: R1431CP

Implementation Date: July 7, 2008

## Update to the Implementation Date for Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas

### Provider Types Affected

All HHAs billing Medicare contractors Regional Home Health Intermediaries (RHHIs) for DME provided to Medicare beneficiaries

### Provider Action Needed



#### STOP – Impact to You

This Change Request (CR) 5868 is updating the previously released CR5551. The MLN Matters article related to CR5551 may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5551.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

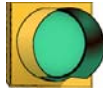


#### CAUTION – What You Need to Know

The effective and implementation dates in CR5551 were originally April of 2008 and CR5868 changes those dates to July of 2008.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



### GO – What You Need to Do

HHAs may want to review the remainder of this article for information regarding the competitive bidding program for DME under Medicare and take appropriate action based on the impact of this program on your DME billings.

## Background

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This article and related Change Request (CR) 5868 provides general guidelines for processing HHA claims. Beginning in 2008, in a competitive bidding area, a supplier must be awarded a contract by CMS in order to bill Medicare for competitively bid DME. Therefore, HHAs that furnish DME and are located in an area where DME items are subject to a competitive bidding program must either:

- Be awarded a contract to furnish the items in this area; or
- Use a contract supplier in the community to furnish these items.

The competitive bidding items will be identified by Healthcare Common Procedure Coding System (HCPCS) codes and the competitive bidding areas will be identified based on zip codes where beneficiaries receiving these items maintain their permanent residence. The DME Medicare Administrative Contractors (DME MACs) will have edits in place indicating which entities are eligible to bill for competitive bid items and the appropriate competitive bid payment amount.

As of July 1, 2008, important points to remember are:

- All suppliers of competitively bid DME **must bill the DME MAC** for these items and will no longer be allowed to bill the RHHIs for competitive bid items.
- Claims submitted to the RHHI for HCPCS codes subject to a competitive bidding program will be returned to the provider to remove the affected DME line items and the providers will be advised to submit those charges to the DME MACs who will have jurisdiction over all claims for competitively bid items.
- Claims for DME furnished by HHAs that are not subject to competitive bidding would still be submitted to the RHHIs.

For your reference, the HCPCS codes subject to competitive bidding and a list of ZIP codes and Core Based Statistical Areas (CBSAs) applicable to the competitive bidding areas is available at

[http://www.dmecompetitivebid.com/cbic/cbic.nsf/\(Pages\)/Competitive+Bid+Areas](http://www.dmecompetitivebid.com/cbic/cbic.nsf/(Pages)/Competitive+Bid+Areas) on the Internet.

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## Additional Information

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For complete details regarding CR5868 please see the official instruction (CR5868) issued to your Medicare A/B MAC, RHHI, or FI. That instruction may be viewed by going to

<http://www.cms.hhs.gov/Transmittals/downloads/R1431CP.pdf> on the CMS website.

If you have questions, please contact your Medicare A/B MAC, RHHI, or FI at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

**News Flash** - It's Not Too Late to Give and Get the Flu Shot! In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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